TRANSFER State Form 51885 (Indiana Departm

TRANSFER STATION ANNUAL REPORT
State Form 51885 (9-04)
Indiana Department of Environmental Management

Please Print in Ink or Type Questions? Call: (317) 308-3040

Facility Location: City	- General Infor Facility Name:	mation				Operating Permit No.:			
Name of Person Filing Out Form: Office Mailing Address of Person Filing Out Form: Vear Being Reported: City Inspection Report Company Address Vear Being Reported: City City Inspection Report Complete the information below to the best of your knowledge Inspection Date: Conducted Inspection: Explain how the Suspect Waste was handled: (for example, include how waste was isolated, contained, stored, shipped, etc.) Finate of Final Disposal: Name of Person Who Date: Name of Person Who Conducted Inspection: State Inspection Name Flace of Final Disposal: Name of Person Who Conducted Inspection: State Inspection Name Flace of Final Disposal: Name of Person Who Conducted Inspection: Special / infectious / hazardous description: Name Flace of Final Disposal: (for example, include how waste was isolated, contained, stored, shipped, etc.) Function Conducted Inspection: Special / infectious / hazardous description: Special / infectious / hazardous description: Name Flace of Final Disposal: Name Place of Final Disposal: Name Place of Final Disposal: Name Place of Final Disposal: Name of Facility City/State/ZIP Number of supplemental pages attached: Cortification This is to certify that I have personally examined and am familiar with the information in this and any attached documents. I are of the Department of Environmental Management's requirements for this report. To the best of my knowledge, and belief, the	-					·	•		•
Office Mailing Address of Person Filling Out Form Year Being Reported: City	Tuestity Docution			State	1	Facility Telep	hone Numb	er	
Office Mailing Address of Person Filling Out Form Year Being Reported: City Company Address City State ZIP Inspection Report Complete the information below to the best of your knowledge description: Explain how the Suspect Waste was handled: (for example, include how waste was isolated, contained, stored, shipped, etc.) Inspection Name of Faculity City/State/ZIP Inspection Conducted Inspection: Special / infectious / hazardous description: Explain how the Suspect Waste was handled: (for example, include how waste was isolated, contained, stored, shipped, etc.) Place of Final Disposal: Name Place of Final Disposal: Name Place of Final Disposal: Name of Facility City/State/ZIP Number of supplemental pages attached: Certification This is to certify that I have personally examined and am familiar with the information in this and any attached documents, I are of the Department of Environmental Management's requirements for this report. To the best of my knowledge, and belief, the	Name of Person	Filling Out Form:			(()			
Type of Waste Found: City/State/ZIP City/State/ZIP	Office Mailing A	Address of			(Office Telepho	one Number	•	
Inspection Report -Complete the information below to the best of your knowledge -Use supplemental pages as necessary Inspection Name of Person Who Conducted Inspection: Explain how the Suspect Waste was shandled: (for example, include how waste was isolated, contained, stored, shipped, etc.) Vity/State/ZIP	W D : D			Address	S				
Type of Waste Found: (circle one) Generator of Suspect Waste: Name	Year Being Rep					State	Z	ZIP	
Date: Conducted Inspection: Special / infectious / hazardous description: Name						-Use suppleme	ntal pages as n	ecessary	
Explain how the Suspect Waste was handled: (for example, include how waste was isolated, contained, stored, shipped, etc.) Address City/State/ZIP Hauler of Suspect Waste: Name			special / inf	fectious / hazardou			nerator of S	Suspect V	/aste:
City/State/ZIP Hauler of Suspect Waste: Name Name of Facility City/State/ZIP City/State/ZIP		G		•		Name			
Hauler of Suspect Waste: Name				d, stored, shipped,	etc.)	Address			
Place of Final Disposal: Name of Facility City/State/ZIP						City/State	e/ZIP		
Place of Final Disposal: Name of Facility City/State/ZIP						Н	lauler of Su	spect Wa	ste:
Name of Facility City/State/ZIP City/State/ZIP						Name			
Name of Facility City/State/ZIP City/State/ZIP	Place of Final D	isposal:				Address			
Inspection Date:		-				C:4:/54::4	-/7ID		
Date: Conducted Inspection: special / infectious / hazardous description: Name	Name of Facil	uiy Ciiy/si	ate/ZIP			City/State	e/ZIP		
Explain how the Suspect Waste was handled: (for example, include how waste was isolated, contained, stored, shipped, etc.) Address	1		special / inf	fectious / hazardou			nerator of S	Suspect V	/aste:
(for example, include how waste was isolated, contained, stored, shipped, etc.) Address City/State/ZIP Hauler of Suspect Waste: Name			description	:		Name			
Hauler of Suspect Waste: Name	-	-		d, stored, shipped,	etc.)	Address			
Place of Final Disposal: Name of Facility City/State/ZIP Number of supplemental pages attached: Certification This is to certify that I have personally examined and am familiar with the information in this and any attached documents. I are of the Department of Environmental Management's requirements for this report. To the best of my knowledge, and belief, the						City/State	e/ZIP		
Place of Final Disposal: Name of Facility City/State/ZIP Number of supplemental pages attached: Certification This is to certify that I have personally examined and am familiar with the information in this and any attached documents. I are of the Department of Environmental Management's requirements for this report. To the best of my knowledge, and belief, the						Н	lauler of Su	spect Wa	ste:
Name of Facility City/State/ZIP Number of supplemental pages attached: Certification This is to certify that I have personally examined and am familiar with the information in this and any attached documents. I are of the Department of Environmental Management's requirements for this report. To the best of my knowledge, and belief, the						Name			
Number of supplemental pages attached: Certification This is to certify that I have personally examined and am familiar with the information in this and any attached documents. I are of the Department of Environmental Management's requirements for this report. To the best of my knowledge, and belief, the	Place of Final D	isposal:				Address			
Number of supplemental pages attached: Certification This is to certify that I have personally examined and am familiar with the information in this and any attached documents. I are of the Department of Environmental Management's requirements for this report. To the best of my knowledge, and belief, the	Name of Facil	lity City/St	ate/ZIP			City/State/ZIP			
submitted information is true, accurate, and complete.	This is to certify the of the Department	of Environmental Manage	ement's require	miliar with the inf	ormation	n in this and a	ny attached	document	
Name of Operator (please print or type) Signature of Operator (original required) Date									

All Solid Waste Transfer Stations (located both within and outside of Indiana) that transport and dispose of waste at solid waste disposal facilities in Indiana must submit this annual report to the Indiana Department of Environmental Management by January 31 of each year.

Directions for Completing the Annual Report Form

Section A – General Information

- Provide the name of the transfer station, the operating permit number (may vary for transfer station located outside Indiana), and the location and telephone number of the transfer station.
- The person completing the annual report form needs to include his/her name and office telephone number. In addition, provide a mailing address for the person completing the form.
- Indicate the year being reported. Remember, the annual report forms are due on January 31 of each year and they document the previous year's activities (for example, the form is due on January 31, 1995 and year being reported is 1994).

Section B – Inspection Report

- This section is to be completed for each incident that suspect hazardous, special, and/or infectious waste was detected at the transfer station during the year being reported. If more than two incidents occurred, use the supplemental page (make copies of the supplemental page as needed). Mark the appropriate box under the right side of Section B, just above Section C, regarding us of supplemental pages. Be sure to complete the top portion of the supplemental pages(s).
- If a transfer station does not have an incident of suspect hazardous, special, or infectious waste during the year being reported, mark Section B "NA" (not applicable) and move to Section C.
- Complete section B for each incident that suspect hazardous, special, and/or infectious waste was detected at the transfer station during the year being reported.
- Provide the inspection date (the transfer station monitoring inspection date) that the incident occurred. The transfer station should have all of this information on the "Random Inspection/Overview Incident Report" forms. Indicate the name of the person conducting the random or overview inspection at the time the suspect waste was detected. Circle the type of waste found (either special, infectious, or hazardous waste) and note a description of the waste. For example, if asbestos was detected at the site, circle special waste and note the description as asbestos material.
- Provide a brief narrative description on how the suspect waste was handled, once it was detected. Also, complete the information on the final destination of the suspect waste, including the name and address of the final disposal facility.
- If the transfer station can determine the hauler of the suspect waste, the hauler should be asked who the generator of the suspect waste was. If the hauler can provide information on the generator or if the transfer station has other knowledge of the generator, that information should be supplied in the portion of Section B title "Generator of Suspect Waste". If the transfer station does not have any information on the generator, write "unknown" in this space.
- If the transfer station is able to determine the hauler of the suspect waste, the portion of Section B titled "Hauler of Suspect Waste" should be completed. If the transfer station does not have any information of the hauler, write "unknown" in this space.
- Remember to check the appropriate box regarding use of supplemental pages.

Section C – Certification

- Please print or type the name of the transfer station's operator, and have the operator sign and date the report form.
- The annual report, with original operator signature, should be sent to the following address:

Indiana Department of Environmental Management
Office of Land Quality
Agricultural & Solid Waste
100 N. Senate Ave.
P. O. Box 6015
Indianapolis, IN 46206-6015



Year Being Reported:	

Facility Name	2:	Operating Permit No.:						
-	Report (cont.)							
Inspection Date:	Name of Person Who Conducted Inspection:	Type of Waste Found: (circle one) special / infectious / hazardous		Generator of Suspect Waste:				
description:			Name					
	the Suspect Waste was handle, include how waste was isole	Address						
		City/State/ZI	City/State/ZIP					
				er of Suspect W	aste:			
			Name					
Place of Final	l Disposal:		Address			_		
Name of Fo	acility City/Sta	City/State/ZI	City/State/ZIP					
Inspection Date:	Name of Person Who Conducted Inspection:	Type of Waste Found: (circle one) special / infectious / hazardous	Generator of Suspect Waste:					
		description:	Name					
`		ated, contained, stored, shipped, etc.)	City/State/ZI	P er of Suspect W	aste:			
			Name					
Place of Final Disposal:			Address	Address				
Name of Facility City/State/ZIP			City/State/ZIP					
Inspection Date:	Name of Person Who Conducted Inspection:	Type of Waste Found: (circle one) special / infectious / hazardous	Genera	ntor of Suspect	Waste:			
2	Conducted inspections	description:	Name					
	the Suspect Waste was hand							
(for examp	le, include how waste was isol	ated, contained, stored, shipped, etc.)	Address					
			City/State/ZI	P er of Suspect W	acto:	_		
				er of Suspect W	aste:			
			Name					
Place of Final Disposal:			Address	Address				
Name of Facility City/State/ZIP								